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LAB USE ONLY

State of Washington
Department of Health

DIVISION OF PUBLIC HEALTH LABORATORIES

1810 N.E. 150th St., B 17-9, Seattle, Washington 98155-7224

PARASITOLOGY

16		COUNTY/CITY (8-10)		(11-14)		DATE SPECIMEN OBTAINED (15-20) MONTH DAY YEAR		
DATE RECEIVED (21-26)	REASON (27)	SEX (28)	AGE (29-30)	(31)		(32)		
		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F						
PATIENT'S NAME		(Last)	(First)	(Initial)				

ADDRESS CITY ZIP CODE

MAIL RESULTS				DESCRIPTION OF SPECIMEN (31)		
TO: →						
ADDRESS: →				HISTORY: (Include travel)		
CITY: →	STATE	ZIP CODE				
	WA					
	AREA CODE & PHONE NO. ()					

(Do not write below this line)

LABORATORY REPORT

☐ Parasites Not Found.....

39

☐ Parasites Found:

	40	41
	42	43
	44	45
	46	47
	48	49
	50	51

Stains.....

52

INIT.....

Comments (53):

DATE OF FINAL REPORT (75-80)